



09-12.05

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PTO/SB/21 (08-00)  
Approved for use through 10/31/2002. OMB 0651-0031  
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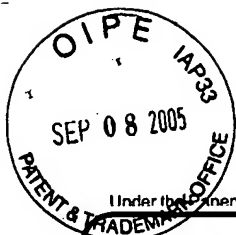
<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/715,319	
	Filing Date	Nov. 17, 2003	
	First Named Inventor	Fred D. LANG	
	Group Art Unit	2857	
	Examiner Name	Manuel L. BARBEE	
Total Number of Pages in This Submission	34	Attorney Docket Number	11700

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply Pages 28 <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for a Patent) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Terminal Disclaimer, Pages 1. Two Statements Under 37 CFR 3.73(b), Pages 2. Cert. of Mailing with return receipt Postcard, Pages 1.
Remarks Please expedite this transmittal to GAU 2857.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	FRED D LANG, pro se Applicant
Signature	
Date	September 8, 2005

CERTIFICATE OF TRANSMISSION			
I hereby certify that this correspondence is being deposited with the US Postal Service with sufficient postage in an EXPRESS MAIL envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA., on this date: 9/08/2005			
Typed or printed name	FRED D LANG		
Signature		Date	9/08/2005

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 140.00

**Complete if Known**

Application Number	10/715,319
Filing Date	Nov. 17, 2003
First Named Inventor	Fred D. LANG
Examiner Name	Manuel L. BARBEE
Art Unit	2857
Attorney Docket No.	11700

**METHOD OF PAYMENT (check all that apply)**☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☐ Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
76	- 20 or HP = 56 (53 paid for)	\$25	\$75

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
12	- 3 or HP = 9 (9 paid for)	\$100	\$0

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Terminal Disclaimer (Code 2814)

Fees Paid (\$)
65.00

**SUBMITTED BY**

Signature

Registration No.  
(Attorney/Agent)

Telephone 415-455-0100

Name (Print/Type)

FRED D. LANG, pro se Applicant

Date September 8, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## CERTIFICATION OF MAILING UNDER 37 C.F.R. §1.8

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FRED D. LANG, Applicant

*Name of Person This Mailing*

*Signature of Person This Mailing*

Docket No.: 11700  
Application No.: 10/715,319  
Inventor & Appl.: Fred D. Lang  
Title: METHOD FOR DETECTING HEAT EXCHANGER TUBE  
FAILURES AND THEIR LOCATION WHEN USING INPUT/LOSS  
PERFORMANCE MONITORING OF A RECOVERY BOILER

**Total Pages: 34.**

- ☐ Transmittal form; Pages 1
- ☐ Fee Transmittal with Fee of \$140 by check #1795; Pages 1
- ☐ Terminal Disclaimer; Pages 1
- ☐ Statement Under 37 CFR 3.73(b) (PTO/SB/96) for Appl. 10/715,319; Pages 1
- ☐ Statement Under 37 CFR 3.73(b) (PTO/SB/96) for Pat. 6,522,994; Pages 1
- ☐ Amendment, Pages 28.
- ☐ this Certificate of Mailing w/Postcard for return receipt.